FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
1 Ottown 1	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
Friends of Cor	rine Brown	
ADDRESS (number and s	treet) 3563 Carriage Walk Lane	
(Check if address is changed)		
	Laurel	MD 20724
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	ronsimmon@aol.com	
(Check if address is changed)	PAGE ADDRESS (URL)	
2. DATE 0.6	/ D D / Y Y Y Y Y Y Z 0 1 1	
3. FEC IDENTIFICATION	TION NUMBER C C00272732	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correc	et and complete
Type or Print Name of	Treasurer Gloria Simmons	
Signature of Treasurer	Electronically Filed by Gloria Simmons	Date 06 / DDD / YYYY
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this SANY CHANGE IN INFORMATION SHOULD BE REPORTE	,
Office Use Only	For further informati Federal Election Com Toll Free 800-424-953	mission FEC FORM 1